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BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE.
EXAMINER GROUP 2182

03500.008117.2

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TOMISHIGE TAGUCHI

Application No.: 09/312,823

Filed: May 17, 1999

For: ELECTRIC APPARATUS
HAVING CONNECTING
MEANS

)
:
Examiner: Tammara R. Peyton

)
:
Group Art Unit: 2182

RECEIVED

JAN 15 2003

Technology Center 2100

)
:
January 13, 2003

Commissioner for Patents
BOX AF
Washington, D.C. 20231

AMENDMENT

Sir:

In response to the Office Action mailed October 11, 2002, the Examiner is respectfully requested to consider and enter the following amendments:

IN THE CLAIMS:

Please amend Claims 230, 234, 237, 238, 244, 248, and 252, as follows. A marked-up version of Claims 230, 234, 237, 238, 244, 248, and 252, showing the changes being



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Application No.: 09/312,823

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For: ELECTRONIC APPARATUS HAVING
CONNECTING MEANS

Date: January 13, 2003

COMMISSIONER FOR PATENTS
BOX AF
Washington, D.C. 20231

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JAN 15 2003
Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27	MINUS	130	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	11	MINUS	9	= 2	x \$42 \$84	\$168.00
Fee for Multiple Dependent claims \$140°/\$280						\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$168.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$168.00 is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

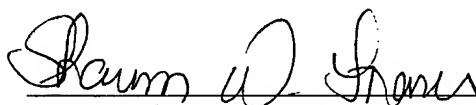
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Shawn W. Fraser
Registration No. 45,886

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3801
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